AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Category: zolmitriptan (Zomig®) **Nasal Spray**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA - At least **ONE** of the following criteria **MUST** be met or authorization will be delayed. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member has tried and failed therapy with sumatriptan nasal spray.
- ❑ Member enrolled with AvMed within the past three months and was stable on requested medication prior to enrollment **(subject to verification by AvMed).**

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

***Approved by Pharmacy and Therapeutics Committee:** 11/19/2009
UPDATED/REVISED: ~~11/18/2010; 5/11/2011; 6/29/2011; 8/18/2011; 9/15/2011; 10/31/2011, 11/7/2012, 3/14/2013, 7/29/2013; 11/21/2013;1/162014; 2/6/2014; 4/4/2014; 4/17/2014; 5/15/2014; 5/28/2014; 8/18/2014; 9/5/2014; 9/26/2014; 9/29/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/29/2016; 6//16/2016; 8/22/2016; 10/3/2016; 12/19/2016; 8/14/2017; 9/5/2017; 6/3/2018; 2/15/2019;01/22/2020;~~ **10/26/2023**